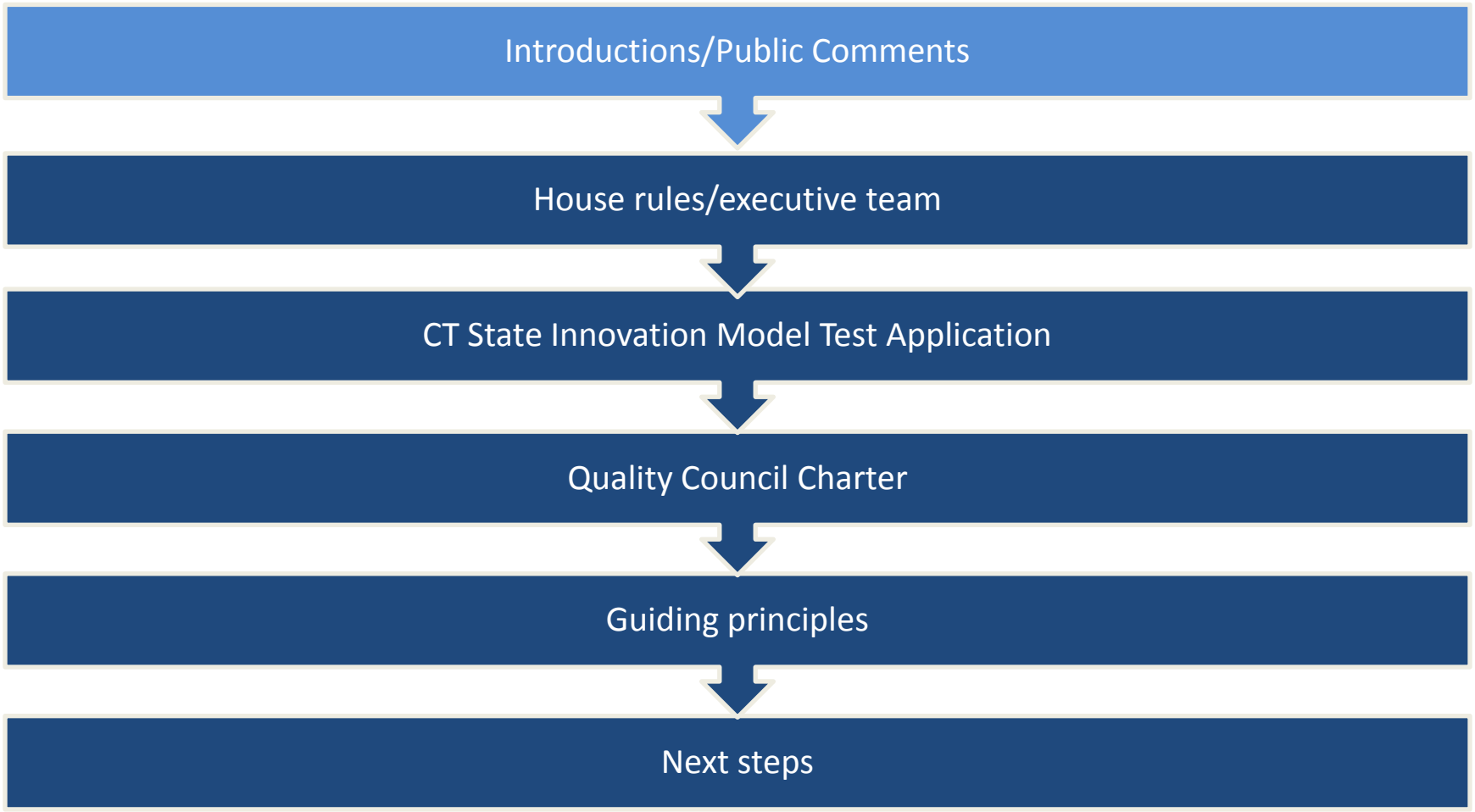
Quality Council

Draft

September 3, 2014

Agenda


Introductions/Public Comments
House rules/executive team
CT State Innovation Model Test Application
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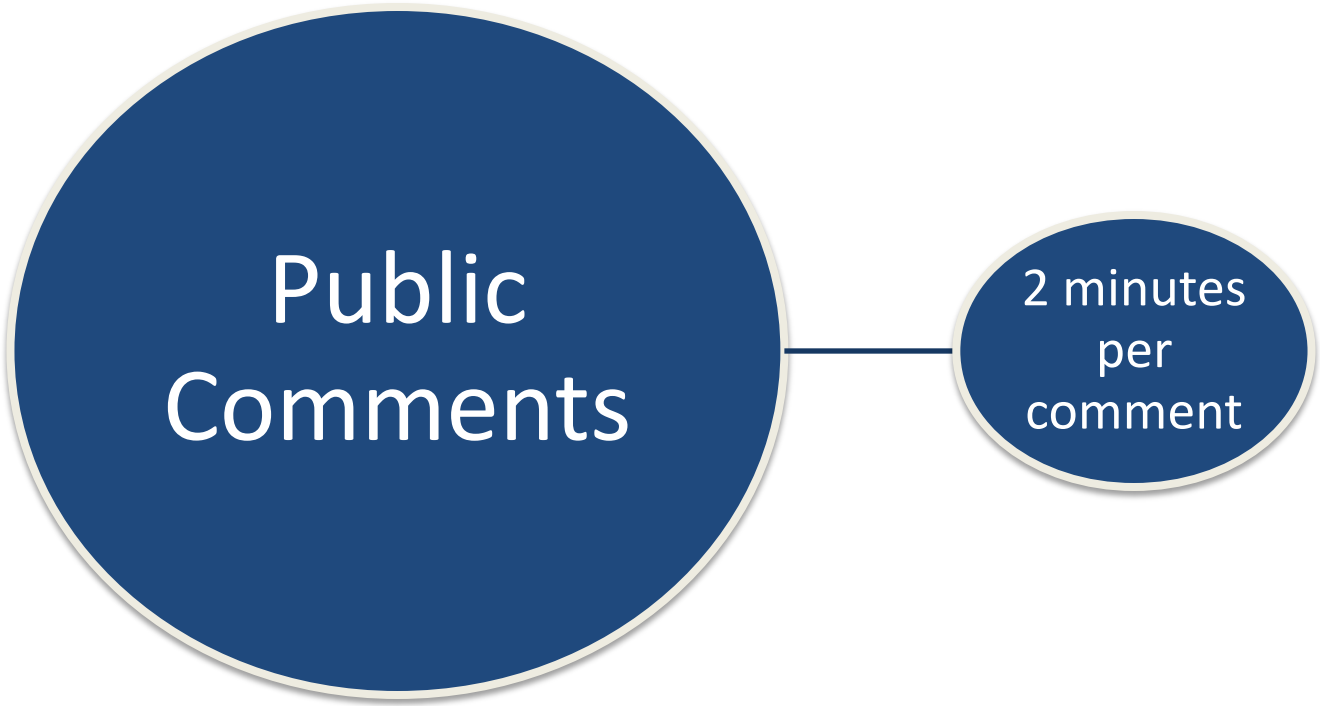
Welcome to the Quality Council

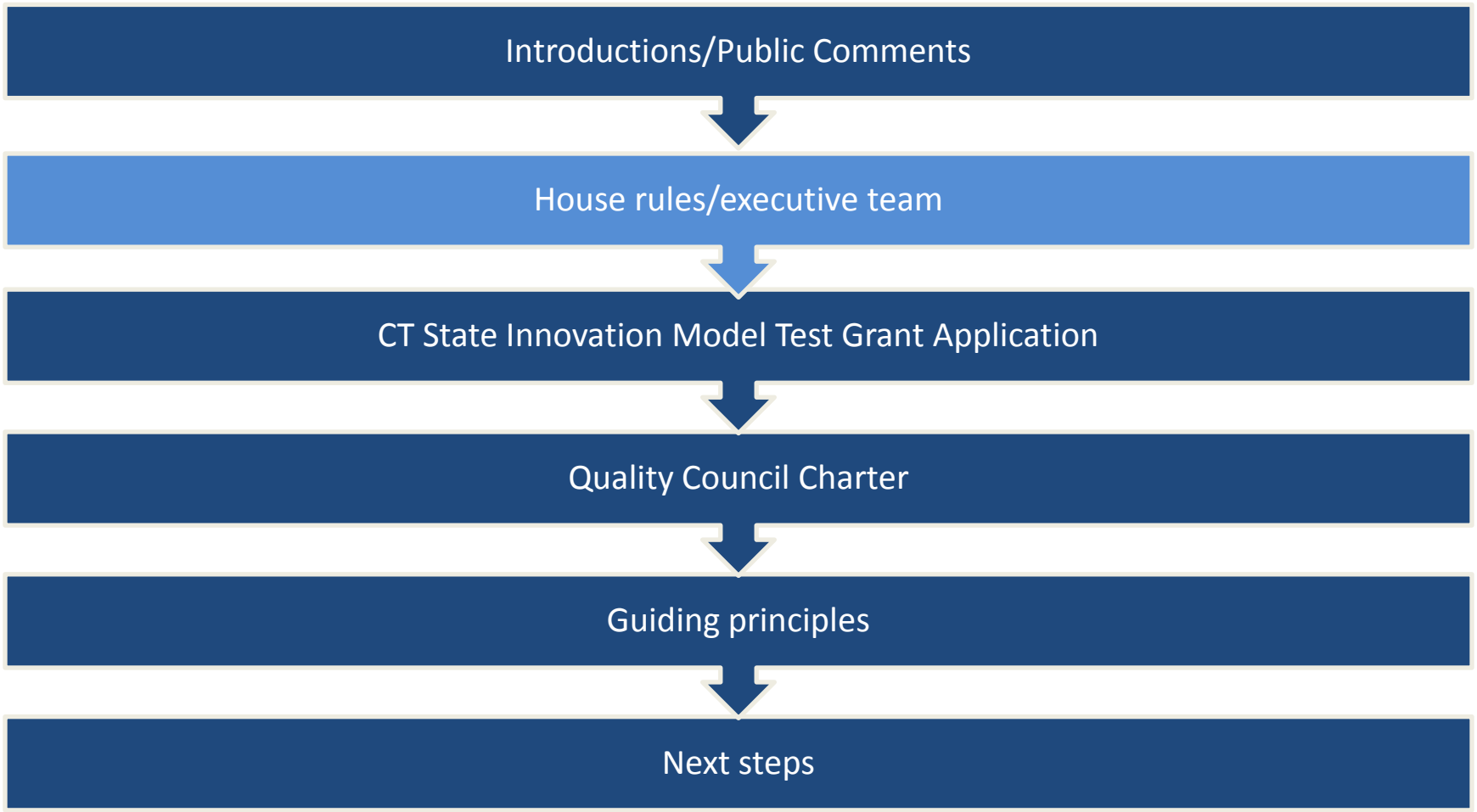
Gregory Barbiero *CHNCT/DSS*	Kathleen Harding *Community Health Center, Inc.*
Rohit Bhalla *Stamford Hospital*	Gigi Hunt *Cigna*
Aileen Broderick *Anthem Blue Cross Blue Shield*	Elizabeth Krause *Connecticut Health Foundation*
Mehul Dalal *Department of Public Health*	Kathy Lavorgna *General Surgeon*
Mark DeFrancesco *Westwood Women's Health*	Steve Levine *ENT and Allergy Associates, LLC*
Deb Dauser Forrest *ConnectiCare*	Robert Nardino *American College of Physicians – CT Chapter*
Daniela Giordano *NAMI Connecticut*	Donna Laliberte O'Shea *United Healthcare*
Karin Haberlin *Dept. of Mental Health & Addition Services*	Arlene Murphy *Consumer Advisory Board*

Welcome to the Quality Council

Meryl Price *Health Policy Matters*	
Jean Rexford *CT Center for Patient Safety*	
Rebecca Santiago *Saint Francis Center for Health Equity*	
Andrew Selinger *ProHealth Physicians*	
Todd Varricchio *Aetna*	
Steve Wolfson *Cardiology Associates of New Haven PC*	
Thomas Woodruff *Office of the State Comptroller*	


Public Comments
2 minutes per comment

Agenda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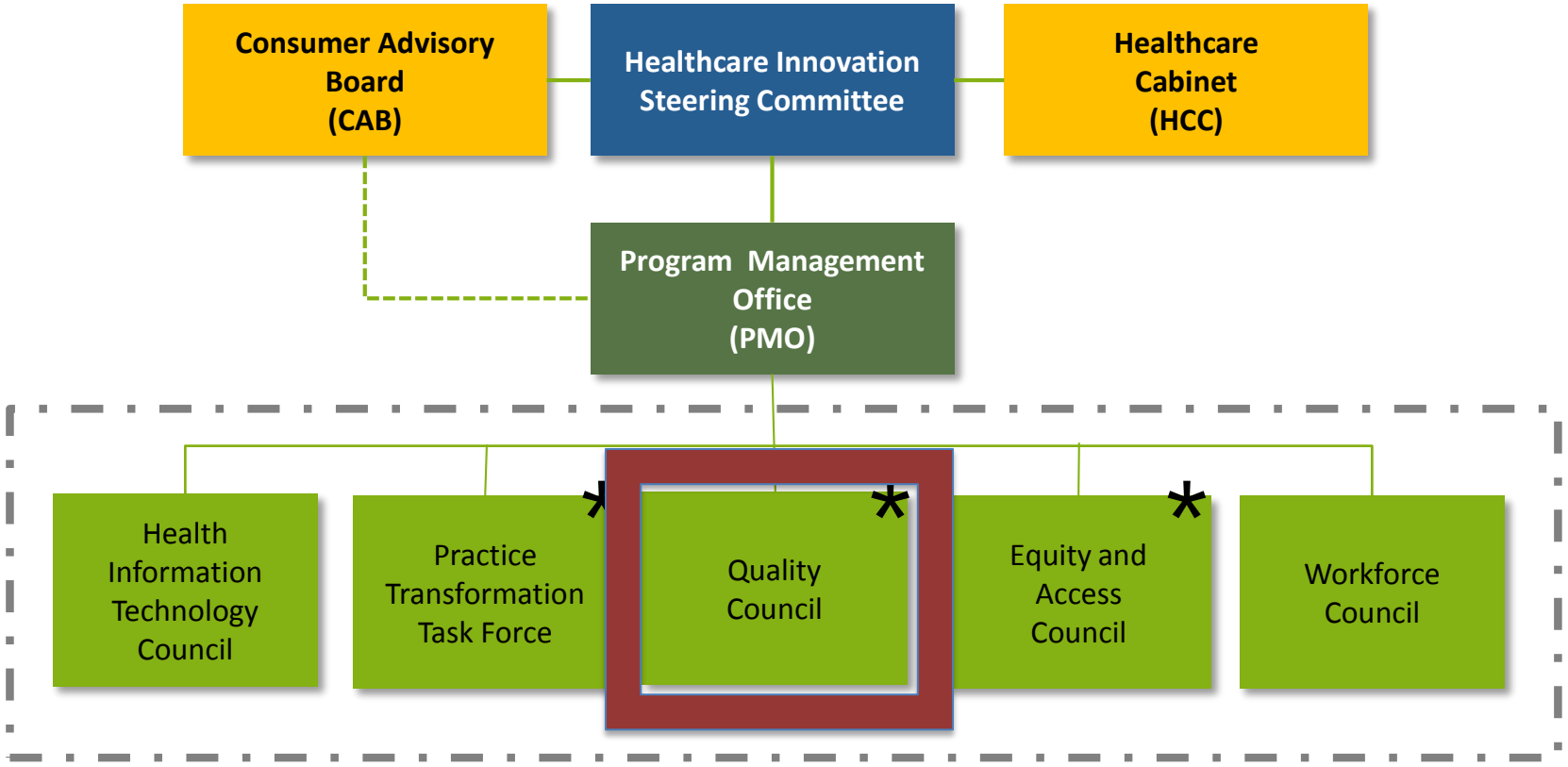
SIM Governance Structure



House Rules

- Expectations of taskforce members:
  - Presence
    - Attend meetings
    - Prepare and participate between meetings as needed to move issues along
  - Outlook
    - Leave jobs and titles at the door; focus on best interest of CT citizens
    - Look for consensus to make recommendations to PMO
  - Action
    - Find solutions for proposed questions
    - Build ideas and be proponent of change and transformation
    - Be vocal and share the importance of our mission

Executive Team

- One individual from each of the four major categories of representation (consumer advocate, health plan, provider, state agency)
- Role of the executive committee:
  - Provide guidance to the SIM Program management office and contracted work group facilitator in between meetings (e.g., pre-screen proposed meeting process, presentation, other materials).
  - Ensure that one or two members of the executive committee are designated to play the role of chair for each meeting.
- We anticipate one phone meeting with the executive committee between each meeting of the full Council.

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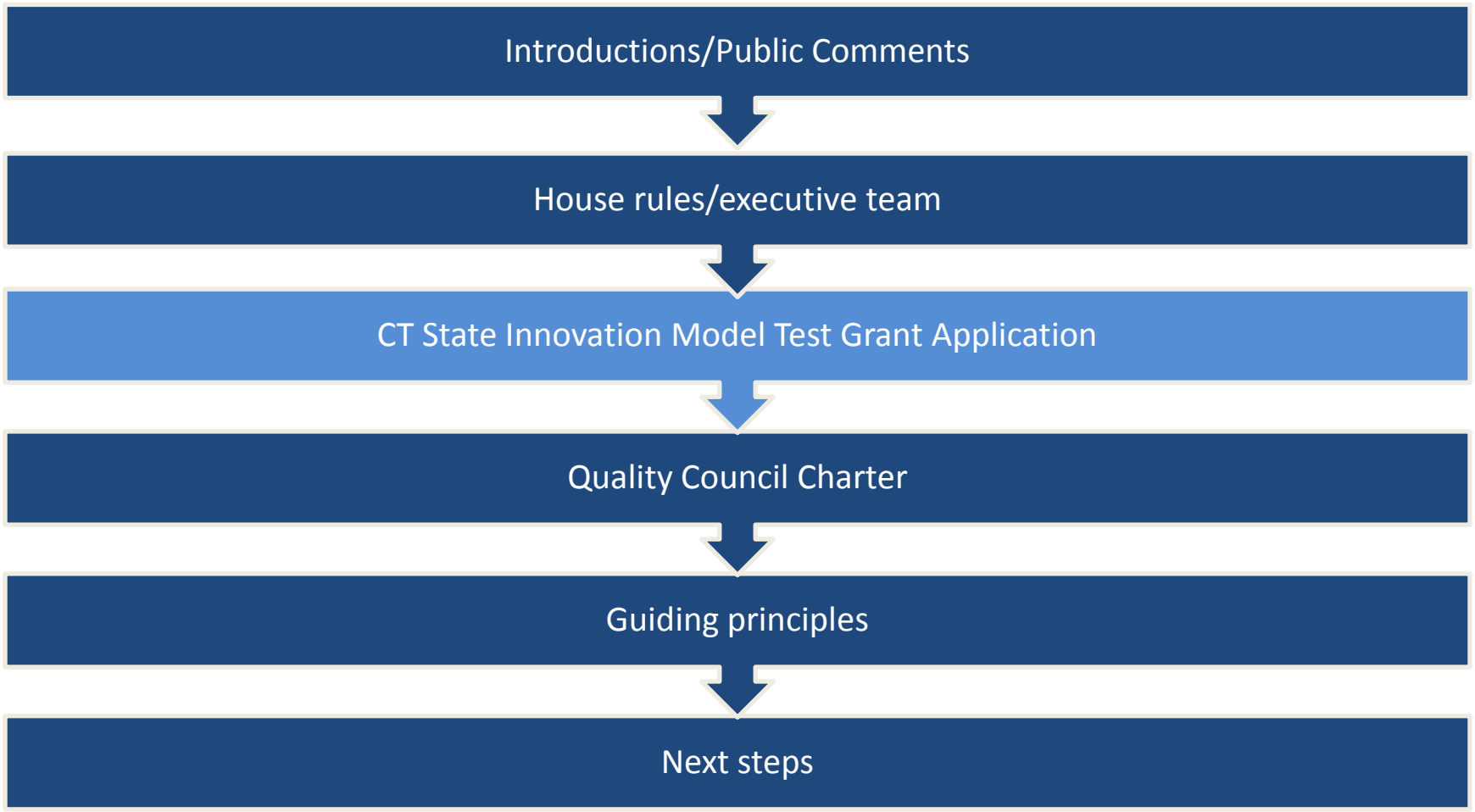
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State Innovation Model
Test Grant Application

- Submitted on July 19, 2014
- Selected states may be invited to present in Washington DC
- Awards will be announced on *or after* 10/31/14

State Innovation Model
Test Grant Application

Vision: Connecticut is seeking to establish a whole-person-centered healthcare system that improves population health and eliminates health inequities; ensures superior access, quality, and care experience; empowers individuals to actively participate in their healthcare; and improves affordability by reducing healthcare costs.

State Innovation Model
Test Grant Application

- Our Model Test drives accountability, consumer engagement and high quality of care through
  - development of a comprehensive evidence-based plan for improving population health;
  - initiatives to strengthen primary care and integrate community and clinical care;
  - value-based payment and insurance design; and
  - multi-payer alignment on quality, health equity, and care experience measures.

State Innovation Model
Test Grant Application

Statewide Interventions	**Targeted Interventions**
Plan for Improving Population Health	Medicaid QISSP
Quality Measure Alignment	Primary Care Transformation
SSP based on Care Experience/Quality	• Advanced Medical Home Program
Value Based Insurance Design	• Community & Clinical Integration Program
Workforce Development	+ Innovation Awards
HIT / Analytics / Performance Transparency	+ Learning Collaboratives

State Innovation Model
Targeted Interventions

Focus on:

- *Federally Qualified Health Centers (FQHCs)*
- *Advanced Networks*
  - defined as independent practice associations, large medical groups, clinically integrated networks, and integrated delivery system organizations that have entered into shared savings plan (SSP) arrangements with at least one payer. Advanced networks sometimes include one or more anchor hospitals.

State Innovation Model
Medicaid QISSP

- DSS will procure FQHCs and Advanced Networks to participate in Medicaid Quality Improvement and Shared Savings Program
- To improve access, quality, health equity, and care experience
- Two waves – 1/1/16; 1/1/18
- Estimated 200 to 215,000 Medicaid beneficiaries in the first wave

State Innovation Model
Primary Care Transformation

- Advanced Medical Home Glide Path
  - Glide Path practice transformation support
  - Modeled after existing Medicaid PCMH Glide Path program
  - Targeted to practices affiliated with Advanced Networks
    - Offered more widely within available resources
  - NCQA standards w/possible modifications
  - NCQA recognition required

State Innovation Model
Primary Care Transformation

- Community and Clinical Integration Program
  1) integrating behavioral health
  2) Integrating oral health,
  3) providing medication therapy management services,
  4) building dynamic clinical teams,
  5) expanding e-consults between PCPs and specialists,
  6) incorporating community health workers,
  7) closing health equity gaps,
  8) improving the care experience for vulnerable populations,
  9) establishing community linkages
  10) identifying “super utilizers” for community care teams
  11) quality improvement reporting and analytics (FQHCs only)

Community and Clinical Integration Program (CCIP) Description

- **Community and Clinical Integration Program (CCIP):** The CCIP will offer Targeted Technical Assistance and Innovation Awards to Advanced Networks and FQHCs, selected to participate in Medicaid QISSP. CCIP will accelerate advancement and spur investment in transformation. The PMO will contract with vendors to provide the Targeted Technical Assistance on the 11 focus areas.
- The PMO will establish two **Learning Collaboratives (LCs)** to support providers participating in the CCIP. The first LC will be tailored to the needs of FQHCs and the second will be tailored to Advanced Networks. The LCs will foster continuous learning through webinars, workshops, an online collaboration site, and phone support. Participants will be expected to actively share resources, tools, and strategies with each other in the LC. LC participants will report quarterly progress on achieving milestones to track transformation.
- The PMO will offer **Innovation Awards** to competitively selected providers participating in the CCIP. Innovation awards will support transformational demonstration pilots that align with CCIP priorities. The PMO will establish an Innovation Awards advisory committee to establish award criteria and processes.

State Innovation Model
Value-based payment

- Broadly aligned around the Medicare SSP
- Responsible for overall cost of care for their patients
- Rewarded with a share of any savings *if they meet quality and care experience targets*
- Quality Council was established to recommend these performance measures and targets
- Goal is to create a practice culture that is organized around increasing value

$$\text{Value} = \frac{\text{Quality + Care Experience}}{\text{Cost}}$$

State Innovation Model
Shared Savings Program

- Project how much it should cost for provider to serve their patients for one year
- Similar to establishing an annual budget--actually a *virtual* budget, because provider *continues to be paid fee-for-service*
- Projected budget higher for consumers with chronic illnesses
- This is called risk adjustment

State Innovation Model
Shared Savings Program

- Although the provider is paid fee-for-service, the costs for their panel of patients are tracked relative to the projected budget
- Budget includes all costs of care including hospitalizations, lab/diagnostic imaging, and specialty care.
- Provider earns a share of the savings if the overall costs for their panel of patients for the year are less than was projected by the payer.

State Innovation Model
Under-service

- Shared savings programs create an incentive to provide only those services that are necessary and effective
- However, there are concerns that they might also create incentives to provide *fewer* necessary services
- Setting quality targets reduces the risk of under-service for target conditions

State Innovation Model
Under-service

- However, they may not reduce the risk of under-service in the treatment of other conditions
- It could also lead to avoiding patients who are going to be harder than usual to treat…this is called “patient selection”
- This concern about under-service is the primary reason that Equity and Access Council was established

State Innovation Model
Focus on Value

- Benefits outweigh the risks
- *Flexibility* in service and a *culture* of value
- Safeguards – our unique contribution
- Reduce costs so that healthcare remains accessible and affordable

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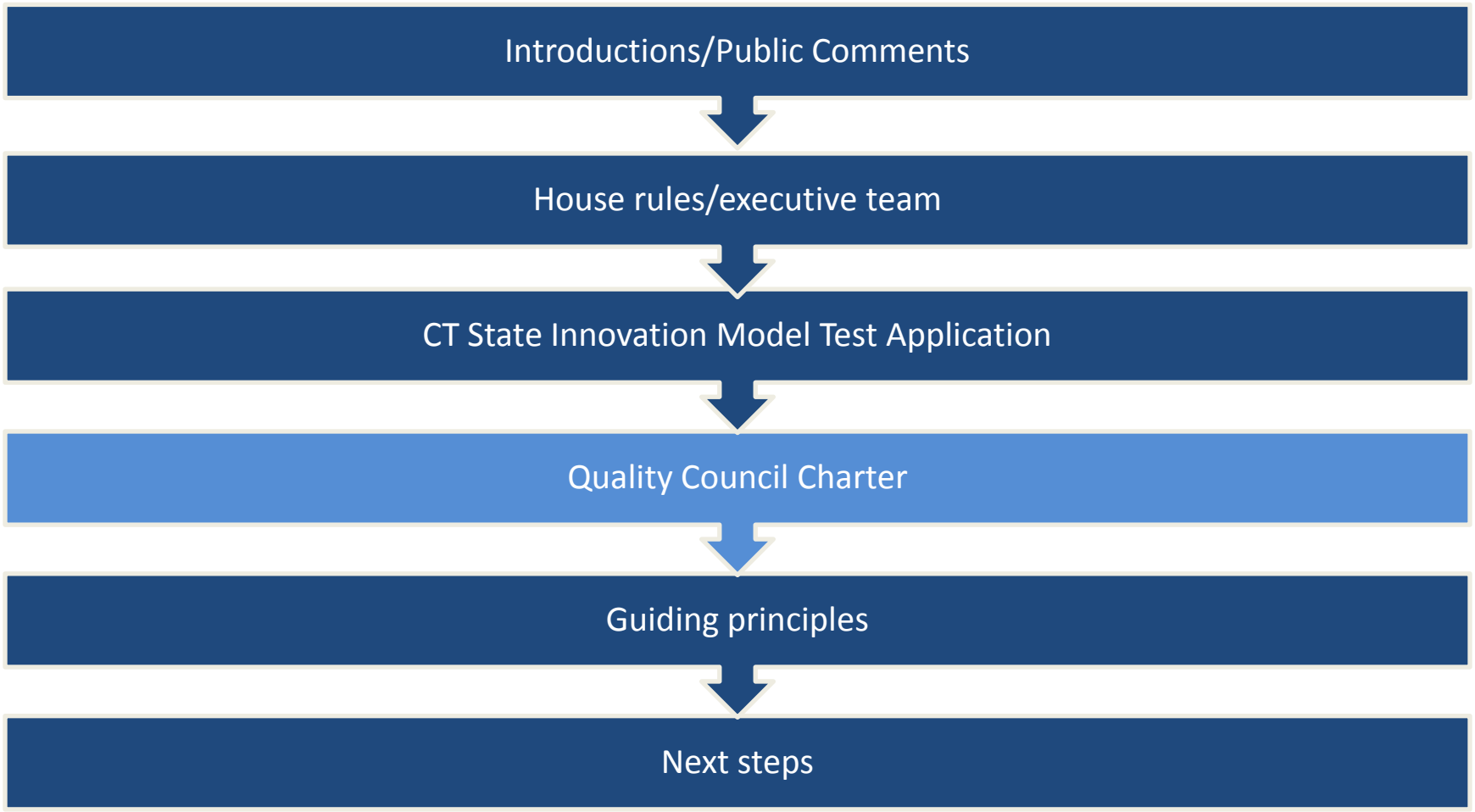
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Why align on measures of quality?

- Clinicians and healthcare organizations feel burdened by the number of measures they have to report, and oftentimes report multiple metrics assessing the same concept.
- For example, Massachusetts General Hospital and Massachusetts General Physicians Organization report over 120 measures to different external entities, and this reporting costs over 1 percent of its net patient service revenue

Why align on measures of quality?

- Too many measures
  - burdensome and costly to collect and report
  - undermines quality improvement by diffusing organizational focus and resources

SIM Quality Council

- SIM Quality Council provides for:
  - Multi-stakeholder input to support the creation of a measurement set that serves the interests of Connecticut and its citizens

Quality Council Charter

Introduction

- This work group will develop for recommendation to the Healthcare Innovation Steering Committee, a proposal for a core set of measures for use in the assessment of primary care, specialty, and hospital provider performance.
- This workgroup will develop a common provider scorecard format for use by all payers and reassess measures on a regular basis to identify gaps and incorporate new national measures to keep pace with clinical and technological practice.

Quality Council Charter
Introduction

- SIM aims to achieve top-quintile performance among all states for key measures of quality of care, and increase the proportion of providers meeting quality scorecard targets.
- The Council will identify key stakeholder groups whose input is essential to various aspects of the Council's work and formulate a plan for engaging these groups to provide for necessary input.
- The Council will convene ad hoc design teams to resolve technical issues that arise in its work

Quality Council Charter
Measures

1. What are the structure, process, patient engagement and experience, efficiency, disparities-sensitive, outcome, and cost measures that are in use today by national quality bodies and CT's health plans? (e.g. NQF, AHRQ, NCQA, CAPHS)
2. Which of these measures should be adopted to measure provider performance, taking into consideration the target conditions identified in the Innovation Plan?
3. Which of these measures should be adopted to measure provider performance, taking into consideration the prevention goals identified in the Innovation Plan?

Quality Council Charter
Measures

4. What other measures could be used as indicators for whole-person-centered care, enhanced access, and coordinated care (e.g. behavioral health, oral health)?
5. What measures could be used as indicators of workforce productivity/timely return to work?

Quality Council Charter
Metrics

1. What are the metrics for each of the measures and how will they be calculated?
2. What methods will be used for risk adjustment and exclusions?

Quality Council Charter
Common Performance Scorecard

1. What are the best examples of performance scorecards currently in use?
2. What will Connecticut's common scorecard across all health plans look like?
3. What is the process for all health plans to implement the common scorecard?
4. How will cross-payer analytics be integrated for a given practice profile, including commercial and public payers?

Quality Council Charter
Common Performance Scorecard

5. Is there a recommended frequency and schedule that could be adopted across payers?
6. How will the common performance scorecard be integrated with value-based payment calculations?
7. How will the scorecards be made available to the public?

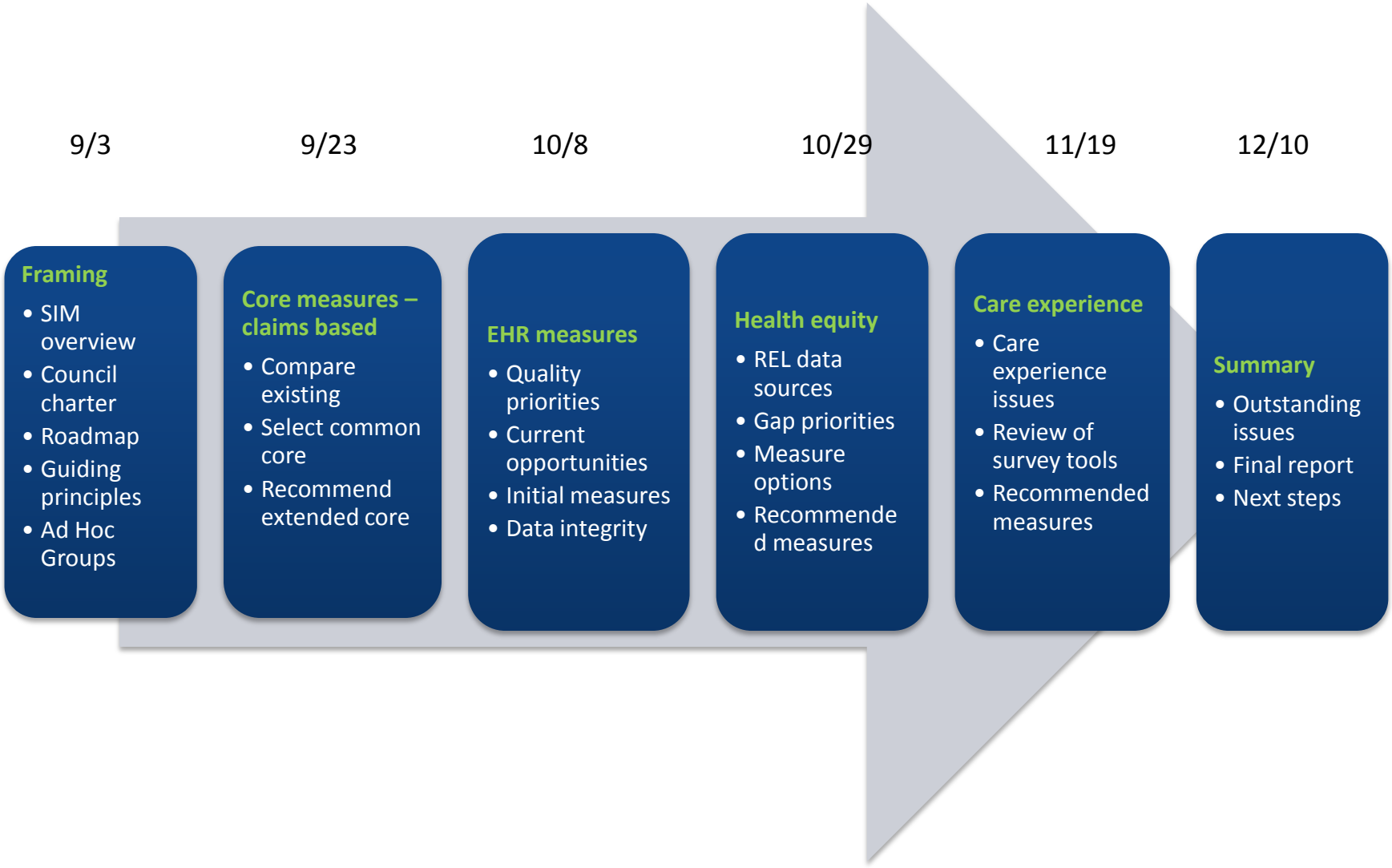
Quality Council Charter
Common Care Experience Survey

1. What are the best examples of care experience surveys currently in use?
2. Is there one survey that would best align with the goals of the Innovation Plan? Are there supplemental questions that should be considered?3.What is the process for all health plans to implement the common care experience survey?

Quality Council Charter
Common Care Experience Survey

3. One what schedule should the common care experience survey be administered?
4. How will the common care experience survey be integrated with value-based payment calculations?
5. How will the results of care experience surveys be made available to the public?

Quality Council Roadmap



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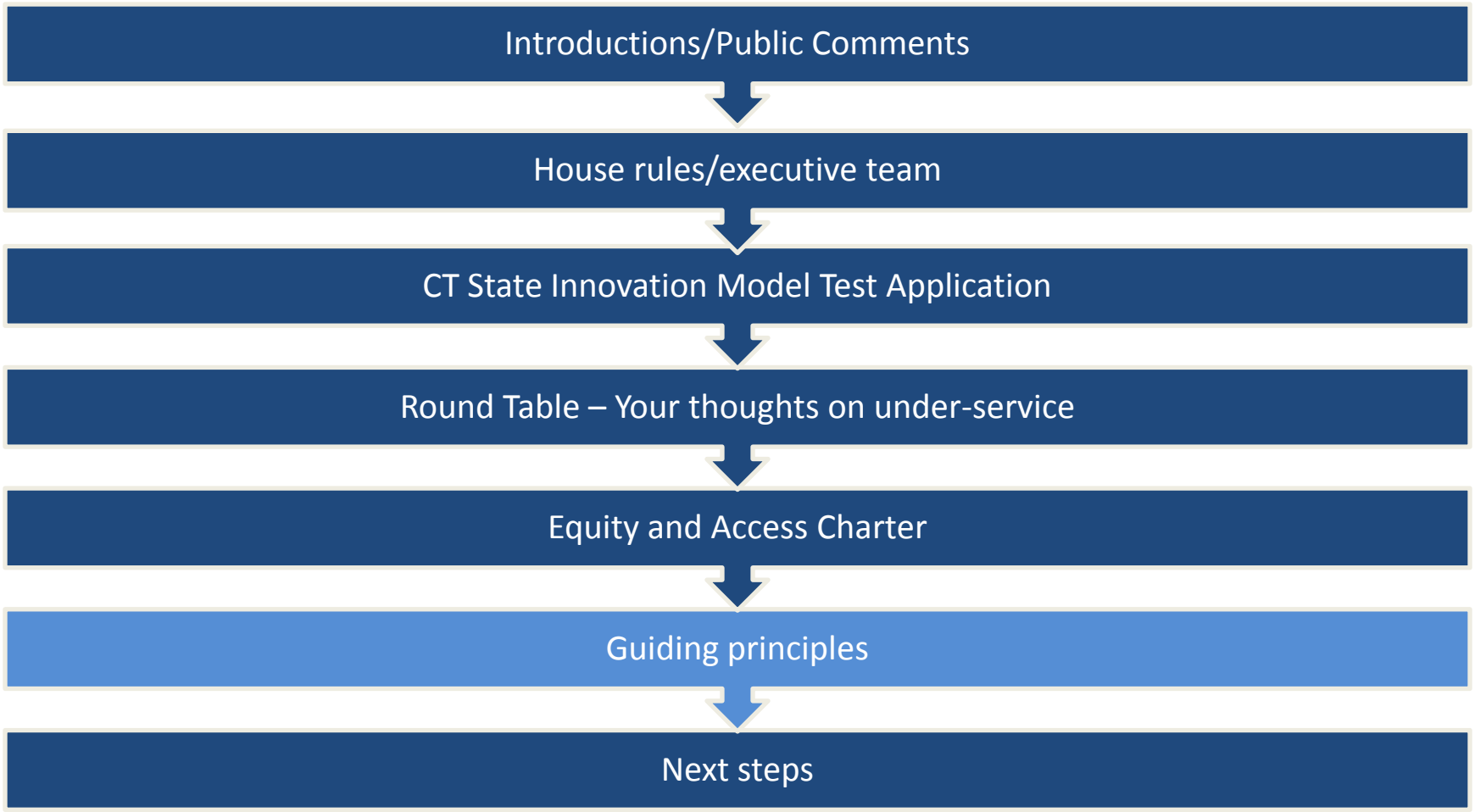
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Round Table – Your thoughts on under-service
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Guiding Principles

1. ?
2. ?
3. ?

Quality Council Meeting Schedule